

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

# FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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OMB AP	PROVAL					
OMB Number:	3235-0076					
Expires:	May 31, 2002					
Estimated average burden						
hours per response 16.00						

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SEC USE ONLY						
Prefix		Serial				
DATE RECEIVED						

•		
Name of Offering ( check if	this is an amendment and name has changed, and i	ndicate change.)
Filing Under (Check box(es) that	apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 50	6 Section 4(6) ULOE
Type of Filing: D New Filing	☐ Amendment	
	A. BASIC IDENTIFICATION DAT	A
1. Enter the information requeste	d about the issuer	
Name of Issuer ( check if this Beach Community Bancs:	s is an amendment and name has changed, and indi hares, Inc.	cate change.)
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
_17 SE Eglin Parkway,	Fort Walton Beach, FL 32548	(850) 244-9900
Address of Principal Business Op- (if different from Executive Office	erations (Number and Street, City, State, Zip Code) es)	Telephone Number (Including Area Code)
Brief Description of Business	FROCES:	SED NO.
Bank Holding Company	NOV 0 1 200	ME
Type of Business Organization  Cl corporation	☐ limited partnership, already formed NANCIAL	Other (please specify):
☐ business trust	☐ limited partnership, to be formed	
Actual or Estimated Date of Incom	· · · · · · · · · · · · · · · · · · ·	【 Actual ☐ Estimated
Jurisdiction of Incorporation or O	Organization: (Enter two-letter U.S. Postal Service at CN for Canada; FN for other foreign	

# **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### F State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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## A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;

See Attached    See Attached   See Attached   Susiness or Residence Address   (Number and Street, City, State, Zip Code)			of partnership issuers.	or corporate general and i	nanaging partno	ers of partnership issuers
See Attached  Susiness or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply:	Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  ult Name (Last name first, if individual)  usiness or Residence Address (Number and Street, City, State, Zip Code)  heck Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  ult Name (Last name first, if individual)  usiness or Residence Address (Number and Street, City, State, Zip Code)  heck Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  ult Name (Last name first, if individual)  usiness or Residence Address (Number and Street, City, State, Zip Code)  heck Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  ult Name (Last name first, if individual)  usiness or Residence Address (Number and Street, City, State, Zip Code)  heck Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  ult Name (Last name first, if individual)  usiness or Residence Address (Number and Street, City, State, Zip Code)  heck Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  ult Name (Last name first, if individual)  usiness or Residence Address (Number and Street, City, State, Zip Code)	Full Name (Last name first	, if individual)	See Attacl	ned	-	
Managing Partne    Managing Partne	Business or Residence Addr	ess (Number	and Street, City, State,	Zip Code)		
usiness or Residence Address (Number and Street, City, State, Zip Code)  heck Box(es) that Apply:	heck Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Öfficer	☐ Director	☐ General and/or Managing Partner
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heck Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner	ıll Name (Last name first,	if individual)				
Managing Partner  All Name (Last name first, if individual)  Lisiness or Residence Address (Number and Street, City, State, Zip Code)  Leck Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner    Name (Last name first, if individual)    Siness or Residence Address (Number and Street, City, State, Zip Code)    Leck Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner    Name (Last name first, if individual)    Siness or Residence Address (Number and Street, City, State, Zip Code)    Leck Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner	usiness or Residence Addre	ess (Number a	and Street, City, State,	Zip Code)		
Isiness or Residence Address (Number and Street, City, State, Zip Code)    Director   General and/or   Managing Partner	heck Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
heck Box(es) that Apply:	ill Name (Last name first,	if individual)				
Managing Partner  Ill Name (Last name first, if individual)  Isiness or Residence Address (Number and Street, City, State, Zip Code)  Index Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner  Il Name (Last name first, if individual)  Individual   Siness or Residence Address (Number and Street, City, State, Zip Code)  Individual   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner	usiness or Residence Addre	ss (Number 8	ind Street, City, State, a	(ip Code)		
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Managing Partner  Il Name (Last name first, if individual)  siness or Residence Address (Number and Street, City, State, Zip Code)  eck Box(es) that Apply:   Promoter Beneficial Owner Executive Officer Director Managing Partner	isiness or Residence Addre	ss (Number a	nd Street, City, State, 2	Cip Code)		
siness or Residence Address (Number and Street, City, State, Zip Code)  eck Box(es) that Apply:   Promoter Beneficial Owner Executive Officer Director Managing Partner	eck Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	
eck Box(es) that Apply:   Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner	ll Name (Last name first,	if individual)		** * *		
Managing Partner	siness or Residence Addres	ss (Number a	nd Street, City, State, Z	ip Code)		
Name (Last name first, if individual)	eck Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	
	Il Name (Last name first, i	f individual)				

(Number and Street, City, State, Zip Code)

Business or Residence Address

# BEACH COMMUNITY BANCSHARES, INC.

Name and Address \*

Capacity

A. Bowen Ballard

Director

**Ballard** Companies 5950 Carmichael Place Montgomery, AL 36117

Sen. Charlie W. Clary III

Director

P.O. Box 1395 Destin, FL 32540

Director

Joseph Henderson 45 Beal Parkway

Fort Walton Beach, FL 32548

A. Anthony Hughes 17 SE Eglin Parkway

Fort Walton Beach, FL 32548

**Executive Officer and Director** 

Gary E. Johns

17 SE Eglin Parkway

Fort Walton Beach, FL 32548

Executive Officer

Julian MacQueen

Innisfree Hotels, Inc 113 BayBridge Dr

Gulf Breeze, FL 32561

Director

Kathleen Pritchard

249 Wakissa Cove

Destin, FL 32541

Director

Dr. James R. Richburg

223 Yacht Club Drive

Niceville, FL 32578

Director

Todd Schweizer

4 Laguna St. Ste 201

Fort Walton Beach, FL 32548

Beneficial Owner and Director

Each of the following individuals may be deemed a promoter of the issuer.

			Sec. 23	В.	INFORM	ATION A	BOUT OF	FERING					
I. Has	s the issuer	sold, or	does the is	ssuer inten	d to sell,	to non-acc	credited inv	estors in t	his off <del>eri</del> n	ı <b>g?</b> .		Yes □	No Ø
			А	nswer also	in Apper	ndix, Colu	mn 2, if fi	ling under	ULOE.				
2. Wh	nat is the mi	nimum ir	nvestment	that will t	e accepted	d from an	y individua	d?				<b>s</b> _N	one
3. Doe	es the offeri	ng permi	t joint ow	nership of	a single i	ınit?					· · · · · · · · · · · · · · ·	Yes ⊠	No □
sion to b	ter the inform n or similar roce listed is an the name of	emunerat n associat	tion for solted person	licitation o or agent (	f purchase of a broke	rs in conn r or dealer	ection with registered	sales of sea	curities in ( EC and/o	the offering r with a sta	If a perse	on es,	
	dealer, you								•				
Full Nam	ne (Last nan	ne first, i	f individu	al)									
FIG P	artners,	L.L.C	C• ,		•								
	or Residenc Peachtre		-		• • •		-					<del></del>	
Name of	Associated	Broker o	r Dealer					· · · · · · · · · · · · · · · · · · ·			·····		<del></del>
David	Parr												
States in	Which Person	on Listed	Has Solie	cited or In	tends to S	olicit Pur	chasers	·	· · · · · · · · · · · · · · · · · · ·				
(Check	"All States	" or che	ck individ	ual States)				· · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			□ All S	States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	X[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] X [NY]	[DE] [MD] [NC] X[VA]	[DC] X[MA] [ND] [WA]	X [FL] [M1] [OH] [WV]	X [GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] X [PA] [PR]	<b> </b> 
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Fuu Nam	e (Last nam	e urst, u	ingividua	11)									
					·								
Business c	or Residence	Address	(Number	and Stree	t, City, St	ate, Zip C	Code)						
Name of A	Associated I	Broker or	Dealer										
States in V	Which Perso	n Listed	Has Solic	ited or Int	ends to Se	olicit Purc	hasers						
(Check	"All States"	or chec	k individu	al States)								□ All S	tates
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ ID ]	
[ IL ] [MT]	[IN]	[ IA ]	[KS]	[KY]	[LA]	(ME)	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
(RI)	[NE] [SC]	[SD]	[NH] . [TN]	[ NJ ] [TX ]	[MM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] (WY]	[PA] [PR]	
	(Last name												—
Business o	r Residence	Address	(Number	and Street	, City, Sta	ate, Zip C	ode)						
Name of A	Associated B	roker or	Dealer										
								•					
states in W	Vhich Person	Listed .	Has Solici	ted or Inte	ends to So	licit Purci	nasers						
(Check '	'All States'	or check	c individu:	al States).								□ All St	ates
[AL]			[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ ID ]	
[IL]		[IA]	[KS]	[KY]	[LA]	(ME)	[MD]	[MA]	[MI]	(MN)	[MS]	[MO]	
[MT] [RI]		[NV] [SD]	[NH] [TN]	[ NJ ] [TX ]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH]	[ WI ]	[OR] [WY]	[PA] [PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

## 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Type of Security Offering Price Sold Debt ...... s 11,000,009 11,000,009 ☑ Common ☐ Preferred \_) ...... **\$**\_ Other (Specify) Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases 79 11,000,009 Accredited Investors 0 Non-accredited Investors Total (for filings under Rule 504 only) ..... Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Dollar Amount Type of offering Security Sold Regulation A .... Rule 504 ..... Total ..... Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees ..... Printing and Engraving Costs ..... \$ 55,000 Legal Fees ..... Accounting Fees Engineering Fees 440,000 Sales Commissions (specify finders' fees separately)..... 50,000 Other Expenses (identify) Blue Sky Fees, Placement Agent.expenses, Accounting

OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Total.....

and miscellaneous

545,000

tion 1 and total expenses furnished in response to Part C - Question 4.a. This differe "adjusted gross proceeds to the issuer."			<u>\$ 10,455,00</u>
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proportion used for each of the purposes shown. If the amount for any purpose is not known, it estimate and check the box to the left of the estimate. The total of the payments listed in the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4	urnish an nust equal .b above.	Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees			
Purchase of real estate	🗆 \$		D \$
Purchase, rental or leasing and installation of machinery and equipment	□ \$		□ \$
Construction or leasing of plant buildings and facilities	🗆 \$		□ \$
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	🗆 \$.		□ \$
Repayment of indebtedness	🗆 \$.		o s
Working capital	🗆 \$.		<b>s</b> 10,455,009
Other (specify):	C \$.		<b></b>
	<u> </u>		D \$
Column Totals	🗆 \$		<b>10.455.00</b> 9
Total Payments Listed (column totals added)	•••	<b>s</b> 10	<b>,</b> 455 <b>,</b> 009
D, FEDERAL SIGNATURE			\$1.34 to 1.84 to 1.
The issuer has duly caused this notice to be signed by the undersigned duly authorized per following signature constitutes an undertaking by the issuer to furnish to the U.S. Securitie quest of its staff, the information furnished by the issuer to any non-accredited investor p	s and Exc	hange Commiss	sion, upon written re-
ssuer (Print or Type) Signature	<del></del>	Date	
each Community Bancshares, Inc.		00	tober 28, 2004
Name of Signer (Print or Type)  Title of Signer (Print or Type)		<u> </u>	
A. Anthony Hughes President and Chief Exe	ecutive	e Officer	

-ATTENTION-

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)